

Case Number:	CM14-0152492		
Date Assigned:	09/22/2014	Date of Injury:	02/24/2006
Decision Date:	11/04/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/18/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Clinical Summary: The applicant is a represented [REDACTED] employee who has filed a claim for carpal tunnel syndrome reportedly associated with an industrial injury of February 24, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report dated August 26, 2014, the claims administrator failed to approve a request for tizanidine. A variety of non-MTUS Guidelines were placed at the bottom of the report, although none of these guidelines were incorporated into the report rationale. The applicant's attorney subsequently appealed. In a handwritten note dated April 21, 2014, the applicant was given diagnosis of major depressive disorder, rotator cuff injury, and adhesive capsulitis. Toradol injection was apparently administered while the applicant was placed off of work, on total temporary disability. The applicant was described as having a disconsolate/depressed affect. There was no explicit discussion of medication selection or medication efficacy. In another handwritten note dated August 18, 2014, the applicant reported persistent complaints of pain, frustration, difficulty walking, difficulty standing, and recent 15- to 20-pound weight gain. The applicant was given refills of Effexor, naproxen, Protonix, Norco, Zanaflex, Topamax, and Robaxin, again, without any explicit discussion of medication efficacy. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Tizanidine 1-2 Tablets: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evidence Based Guidelines Used: Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010. Physician's Desk Reference, 68th ed. www.odg-twc.com/odgtwc/formulary.htm drugs.com Epocrates Online, www.online.epocrates.com Monthly Prescribing Reference, www.empr.com Opioid Dose Calculator-AMDD Agency Medical Directors Group Dose Calculator, www.agencymeddirectors.wa.gov

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine/Zanaflex Page(s): 66; 7.

Decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is FDA approved in the management of spasticity but can be employed off label for low back pain, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is off of work, on total temporary disability. The attending provider and/or applicant had failed to outline any material improvement in function achieved as a result of ongoing tizanidine usage. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary.